

<b>Case Number:</b>	CM15-0075010		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	04/28/2014
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker was a 25 year old female, who sustained an industrial injury, April 28, 2014. The injured worker previously received the following treatments acupuncture, 24 sessions physical therapy, home exercise program, Flector Patches, Lidocaine patches, thoracic spine x-rays, Norco and lumbar spine MRI. The injured worker was diagnosed with low back pain, cervical spine sprain/strain, lumbar spine strain and bilateral shoulder pain and strain, lumbar myofascialgia and rule discogenic pain of the lumbar spine. According to progress note of February 18, 2015, the injured workers chief complaint was low back pain. The physical exam noted the improvement with acupuncture. The acupuncture brought the pain level from 6 out of 10 to 4 out of 10; 0 being no pain and 10 being the worse pain. The injured worker had increased range of motion and improved pain level. There was some myospasm and discogenic pain. The treatment plan included physical therapy, occupational therapy, trigger point injections for the lumbar paraspinal area and bilateral S1 injection under fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Physical therapy lumbar two times six: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The patient presents with lower back pain rated 4/10. The request is for PHYSICAL THERAPY LUMBAR TWO TIMES SIX. The request for authorization is not provided. Physical examination of the lumbar spine reveals tenderness over spinous process at L4/5, severe tenderness over right SI joint. Normal range of motion. Negative FABER sign and SLR. Pain initially had bilateral lower extremity radiation down hips and down to the posterior ankle, however, after aggressive physical therapy, patient no longer experienced radicular pain. Patient stopped therapy a few months ago and has had a plateau in improvement of back pain. Patient has continued to do home exercises and yoga but not as effective. Tried acupuncture which brought pain down from 6/10 to 4/10. Currently not taking any medications for pain. Per progress report dated 02/18/15, the patient is temporarily totally disabled. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 02/18/15, treater's reason for the request is "pt has responded very well to PT and the response has plateaued when patient has stopped PT." In this case, given the patient's condition, a short course of physical therapy would be indicated. However, per physical therapy report dated 11/07/14, the patient attended 24 authorized visits of physical therapy. The request for 12 additional sessions of physical therapy would exceeds what is recommended by MTUS for non-post-op conditions. Therefore, the request IS NOT medically necessary.

**Occupational therapy lumbar one times eight:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The patient presents with lower back pain rated 4/10. The request is for OCCUPATIONAL THERAPY LUMBAR ONE TIMES EIGHT. The request for authorization is not provided. Physical examination of the lumbar spine reveals tenderness over spinous process at L4/5, severe tenderness over right SI joint. Normal range of motion. Negative FABER sign and SLR. Pain initially had bilateral lower extremity radiation down hips and down to the posterior ankle, however, after aggressive physical therapy, patient no longer experienced radicular pain. Patient stopped therapy a few months ago and has had a plateau in improvement of back pain. Patient has continued to do home exercises and yoga but not as effective. Tried acupuncture which brought pain down from 6/10 to 4/10. Currently not taking any medications for pain. Per progress report dated 02/18/15, the patient is temporarily totally disabled. MTUS

Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 02/18/15, treater's reason for the request is "Occupational Therapy highly recommended for adjustment of daily life/activities to decrease exacerbation of back pain/annular tear/disc protrusion." ODG guidelines do not differentiate occupational vs. physical therapy for the lumbar spine. In this case, given the patient's condition, a short course of physical therapy would be indicated. However, per physical therapy report dated 11/07/14, the patient attended 24 authorized visits of physical therapy. The request for 12 additional sessions of physical therapy would exceeds what is recommended by MTUS for non-post-op conditions. Therefore, the request IS NOT medically necessary.

**Trigger point injection for lumbar paraspinal area: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122.

**Decision rationale:** The patient presents with lower back pain rated 4/10. The request is for TRIGGER POINT INJECTION FOR LUMBAR PARASPINAL AREA. The request for authorization is not provided. Physical examination of the lumbar spine reveals tenderness over spinous process at L4/5, severe tenderness over right SI joint. Normal range of motion. Negative FABER sign and SLR. Pain initially had bilateral lower extremity radiation down hips and down to the posterior ankle, however, after aggressive physical therapy, patient no longer experienced radicular pain. Patient stopped therapy a few months ago and has had a plateau in improvement of back pain. Patient has continued to do home exercises and yoga but not as effective. Tried acupuncture which brought pain down from 6/10 to 4/10. Currently not taking any medications for pain. Per progress report dated 02/18/15, the patient is temporarily totally disabled. The MTUS Guidelines, on page 122, state that "trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended." Treater does not discuss the request. In this case, patient has undergone medical management therapies but continues with pain. Per progress report dated 02/18/15, physical examination reveals "tenderness over spinous

process at L4/5." However, treater does not document any circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Therefore, the request IS NOT medically necessary.

**Bilateral SI joint injection under fluroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter under SI joint injections.

**Decision rationale:** The patient presents with lower back pain rated 4/10. The request is for BILATERAL SI JOINT INJECTION UNDER FLUROSCOPY. The request for authorization is not provided. Physical examination of the lumbar spine reveals tenderness over spinous process at L4/5, severe tenderness over right SI joint. Normal range of motion. Negative FABER sign and SLR. Pain initially had bilateral lower extremity radiation down hips and down to the posterior ankle, however, after aggressive physical therapy, patient no longer experienced radicular pain. Patient stopped therapy a few months ago and has had a plateau in improvement of back pain. Patent has continued to do home exercises and yoga but not as effective. Tried acupuncture which brought pain down from 6/10 to 4/10. Currently not taking any medications for pain. Per progress report dated 02/18/15, the patient is temporarily totally disabled. ODG guidelines, Low Back Chapter under SI joint injections states: "Treatment: There is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block." ODG further states that, "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed." "Diagnosis: Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH)." Per progress report dated 02/18/15, treater's reason for the request is "SI joint will be scheduled if patient's pain worsens-pt may call to schedule." In this case, patient has trialed aggressive conservative treatments but continues with pain. Per progress report dated 02/18/15, physical examination of the lumbar spine revealed "severe tenderness over right SI joint. Normal range of motion. Negative FABER sign and SLR." However, there is no documentation of at least three positive examination findings, as required by ODG guidelines. Therefore, the request IS NOT medically necessary.